I knew it was a drill. Yet, as I heard the “active-shooter drill” announcement on the overhead paging system, the thought that this could actually happen at my workplace—a hospital and an academic learning center—became very real. It made me sick. I have never been in a life-threatening situation. If going through an active shooter drill provoked so much anxiety for me, a trained psychiatrist, I cannot imagine what this must be like for children, or even adults.

Active shooter drills have not been studied in detail, but critics say they have detrimental psychological effects because they heighten our anxiety while preparing us for a rare scenario. This experience made me think about how active shooters came to be this unpredictable hazard warranting an emergency preparedness plan. The purpose of emergency preparedness drills is typically to ensure safety in the face of an unpredictable event that can potentially result in mass casualties. These include events that are typically beyond our control such as earthquakes, tornadoes, floods, or fires. The inclusion of active shooter drills in our emergency preparedness plans after the Columbine massacre in 1999 is a telltale sign that preemptive measures to curb gun violence have so far been insufficient. In order to understand how we got here, we need to look at the conflicting information that supports our diverging opinions on gun violence.

The news media plays a key role in shaping our opinions about and reactions to gun violence. Although mass public shootings can dominate the news for days when they happen, many other forms of gun violence are more common but do not generate the same kind of media frenzy. For instance, of the 36,252 firearm deaths in the United States in 2015, as reported by the Centers for Disease Control and Prevention (CDC), nearly two-thirds were suicides.

We all want to be safe from gun violence, but there is bitter division on how we should accomplish that goal. To begin with, there is no consensus on what constitutes a mass shooting. People use either a broad or a narrow definition that best aligns with their views. For example, Gun Violence Archive, a nonprofit organization, defines “mass shooting” as an event where at least four people are shot and/or killed—excluding the shooter—in a single incident, at the same time and location. On the other hand, the Congressional Research Service (CRS), in its 2015 report, defined “mass shooting” as a firearm homicide incident in which four or more victims are murdered, in one event—not including the shooter, and in one or more locations that are in close proximity. The CRS report differentiated a mass shooting from a mass public shooting by specifying that a mass public shooting had to occur in a public location and the murders could not be related to criminal activity, argument, or a romantic triangle. CRS also defined “familicide mass shootings” and “other felony mass shootings” as additional categories of mass homicides involving firearms. The lack of an agreed-upon definition yields different statistics and creates a situation where we may be debating similar, but not the same, phenomena without realizing it.

Not surprisingly, whether mass shootings have increased over time depends on whom you ask. Grant Duwe, research director for the Minnesota Department of Corrections, recently wrote in Politico magazine that mass public shootings have not increased but have gotten deadlier over time. In contrast, according to Mother Jones’ database of mass shootings, both fatalities per mass shootings as well as the incidence of mass shootings have increased over time.

As for the causes of mass shootings, mental illness is often incorrectly viewed as the culprit. However, those who claim mass shootings have nothing to do with mental illness are also mistaken. The truth falls outside the realm of absolutes. The vast majority of individuals with mental illness are not violent and are more likely to be victims of violence. Individuals with mental illness are responsible...
The “Reducing Gun Violence Policy” statement adopted by the Twin Cities Medical Society in March 2018 incorporates additional steps, including banning assault weapons, increasing the minimum age for firearm purchase, closing the Minnesota loophole that allows private sellers to sell firearms without a background check, and collecting data about gun violence.

Today, we in the United States, find ourselves as the focus of international attention as we debate how to end mass shootings. The debate is analogous, and perhaps simplistically so, to a team of mechanics trying to fix a broken car. Everyone knows that the car is broken. Yet, no one can fix it because they cannot identify the broken part. It may be worth considering here that this car may have more than one part in need of repair. Gun violence is not unlike the car with many broken parts. Mass shootings are just one deadly manifestation of the public health crisis that is gun violence. Countering it warrants many solutions including cooperation across the political aisles, intellectual honesty and robust research to end all forms of gun violence—not just mass shootings.

Dr. Adnan Ahmed is an Assistant Professor of Psychiatry at the University of Minnesota. He is a graduate of the University of Minnesota Forensic Psychiatry Fellowship Program. He works with a Forensic Assertive Community Treatment (FACT) team in Hennepin County and also provides psychiatric consultation services at University of Minnesota Health integrated primary care clinic. Dr. Ahmed serves on the Diversity and Inclusion Committee and the Advocacy Committee at University of Minnesota, Department of Psychiatry. He has a special interest in conducting and training healthcare providers on how to perform mental health evaluations for asylum seekers.

References